Labor Organization Officer and Employee Report



U.S. Department of ∟abor Employment Standards Administration Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188 Expires 11-30-2002

Name and address of person filing Name and address of labor organization
KOWARD BORNSTFIN LOCAL 198 G.
PILE PASSERGEN BUK 316 W. CRAWFORD AVE
CONTURLE PA 15425 POPUELLS VALLE PA 15425
3. Position in labor organization 4. Date fiscal year ended 5. File number (if assigned)
3. Position in labor organization 4. Date iiscaryear ended 3. The indirect ii assigned)
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following in-
terests (except as specified in the exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.
6. Name of Employer Address of Employer
7. Nature of Interest, Transaction or Income
7. Nature of interest, management of meeting
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively
seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor
organization or with a trust in which your labor organization is interested. 8. Name of business Address of business
8. Name of business Address of business
BORY SKEIN RENTALS 314 W CRAWKERD ANK CONVELLS VICE
9. Business deals with— 10. If 9B or 9C is checked give trust or employer's name
A. Labor Organization B. Trust C. Employer
11. Nature and approximate dollar value of such dealings
4450 PER HONGH INCLUDES WATER INFAT
10
12. Nature of interest held or income received
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value
13. Name and address of employer ☐ or consultant ☐ 14. Nature of payment
IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS
15. Claneture and varification. The undersigned declared under the applicable pagetting of the law that all of the information is the control of the law that all of the
15. Signature and verification —The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true,
correct and complete.
Calla Ra I lastificació la Da
Signed: With Donney at CONFLISVILLE PA on 1/124/02
City / State // Date/